

CHS: Compcare
 FAM: Family Health Plan
 GEN: Genesis Health Plan
 HUM: Humana
 MHS: Managed Health Services
 MXC: Maxicare
 PC: Primecare
 GHC: Group Health Cooperative
 UHP: Unity Health Plan
 GHE: Group Health Cooperative - Eau Claire
 VHP: Valley Health Plan
 FFS: Fee-for-service

“Southeast” refers to Milwaukee, Kenosha, and Waukesha counties.

- 2 Non-HealthCheck data from Managed Health Services and Maxicare were outliers and thus were not included in this graph.
- 3 Although findings regarding HealthCheck and non-HealthCheck refer to Medicaid recipients ages 0-20, visits to primary care providers refer to visits made by recipients of all ages.
- 4 Nadel, V. Emergency departments: unevenly affected by growth and change in patient use. Washington DC: General Accounting Office; 1993.

- 5 1995 Wisconsin Family Health Survey. Center for Health Statistics, Wisconsin Department of Health and Family Services.
- 6 Baker, D.W. Patients who leave a hospital emergency department without being seen by a physician. JAMA. 1991; 266: 1085-1090.
- 7 Many figures in this report present utilization as a function of eligible-years rather than as a function of number of eligibles. As graph 4.1 illustrates, the vast majority of Medicaid recipients are not eligible for a full year. Expressing utilization as a function of “eligible years” adjusts for the fact that recipients are not typically eligible for a full year.
- 8 Children’s health in Wisconsin: statewide estimates. Center for Health Statistics, Wisconsin Department of Health and Family Services; 1996; 19-20.

Children's Preventive Health Care

Children 0-14 constitute about two-thirds of the Medicaid AFDC/Healthy Start population. Their acute and preventive health care needs represent a unique priority for Wisconsin Medicaid. 1996 Medicaid utilization data indicate that HMOs provided a greater number of preventive care examinations to a much greater percent of children 0-5 than fee-for-service providers. Some HMOs provided twice as many exams as did others. In addition, HMOs provided MMR immunization, on average, to a slightly greater percent of Medicaid children (66.5) than fee-for-service providers (61.0). (MMR is employed in this document as a proxy for the provision of all childhood immunizations. It is more easily monitored.) The provision of MMR in individual HMOs ranged from 95.5 percent to 45.0 percent, excluding one HMO with 14.2 percent. These figures represent MMR immunizations actually provided by HMO providers; it does not include MMRs provided by local health departments and other community health care entities or schools. Because the immunization status of children is often uncertain, the DHFS is currently implementing a central immunization registry designed to accommodate the immunization history of all Wisconsin children.

Blood lead testing is required by the federal government for all Medicaid children at about age 1 and about age 2. Lead poisoning is less of a problem now than it had been in the 1970s. Of five Medicaid counties, HMOs in Milwaukee County had the highest percent of children tested and the highest percent of children with elevated blood lead levels.

SELECTED FINDINGS:

- On average, HealthCheck rates were higher among HMO recipients (1.36 per eligible-year), than fee-for-service (0.91 per eligible-year).
- All but one HMO reported HealthCheck rates, for children ages 0-5, that were much higher than fee-for-service.
- Most (eight of 11) HMOs reported measles, mumps and rubella (MMR) immunization rates that were higher than fee-for-service. The HMO MMR immunization rate average, 66.5 percent, was slightly higher than fee-for-service, 61.0 percent.
- Most HMOs (seven of 11) reported higher rates of blood lead testing than fee-for-service.
- In general, HMOs serving Southeast counties reported much higher blood lead testing rates than HMOs in other areas of the state.

Children: A Priority for Wisconsin Medicaid

Children ages 0-14 make up two-thirds of the entire AFDC/Healthy Start Medicaid population (see Graph 5.1). However, only 23 percent of the Wisconsin population as a whole is 14 or under (see Graph 5.2). Over 290,000 AFDC/Healthy Start eligible Wisconsin children ages 0-14 were enrolled in Medicaid for at least part of 1996. (The AFDC/Healthy Start population does not include the disabled or those with serious chronic illnesses receiving SSI.)

In Milwaukee County, 42 percent of all children ages 0-14 were enrolled in Medicaid HMOs for one or more months in 1996 (see Graph 5.3).

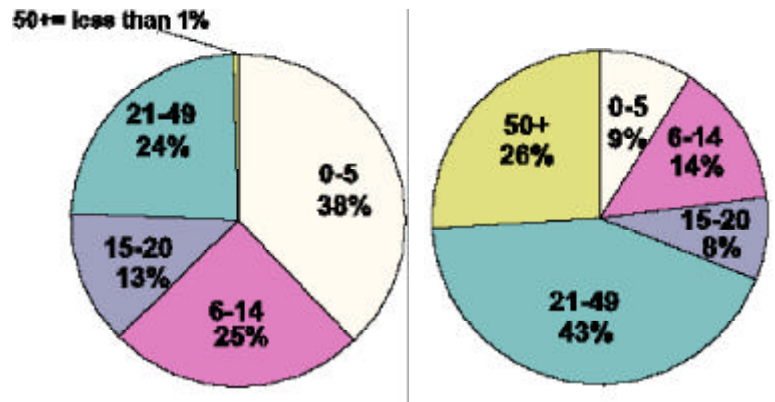
Preventive Health Care for Children: HealthCheck Exams

Well-child assessments are the most important health care need for AFDC/Healthy Start children. In Wisconsin, federally prescribed “well-child” assessments for Medicaid are called HealthChecks. HealthChecks are performed to monitor a child’s physical, cognitive, social, and emotional development, to identify preventable problems or risk factors early, and to assess a child’s immunization status. When immunization is not up to date, the provider either immunizes the child or refers for that purpose. HealthCheck also provides an opportunity to identify children at risk for abuse or neglect, to provide counseling for injury prevention, and to screen for common problems such as elevated blood lead levels. Wisconsin recommends 12 HealthCheck visits by the time a child reaches the age of 6. Timing for several of these visits corresponds to recommended immunization schedules.

The goal of the Wisconsin Department of Health

Graphs 5.1 and 5.2

Age breakdowns for Wisconsin Medicaid AFDC/Healthy Start population and for Wisconsin’s entire population, 1996



5.1
Wisconsin Medicaid
AFDC/Healthy Start
population

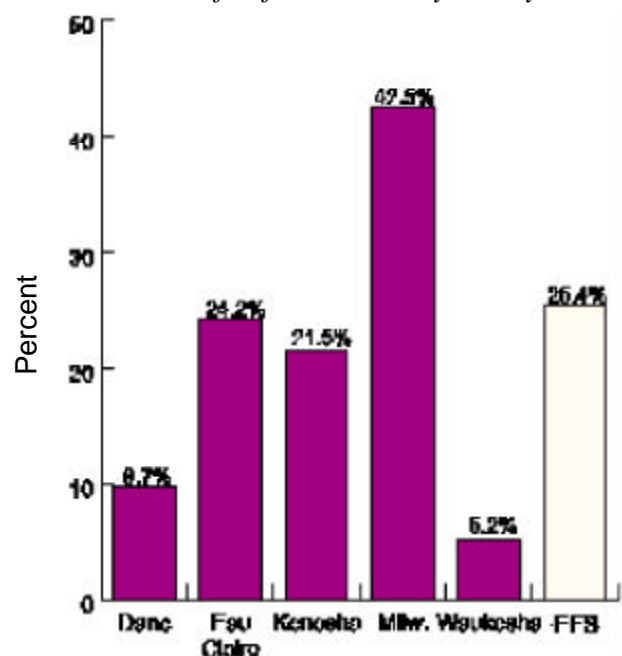
Source: Wisconsin Medicaid
eligibility files

5.2
Wisconsin
population

Source: 1995 census estimates,
Wisconsin Department of
Administration

Graph 5.3¹

Percent of population, ages 0-14, enrolled in Medicaid HMOs and fee-for-service, by county, 1996



and Family Services (DHFS) for the year 2000 is “to increase to 90 percent the proportion of children aged birth through 5 years who receive well-child assessments or HealthCheck exams according to the American Academy of Pediatrics schedule.”²

Wisconsin Family Health Survey

Every year, the state surveys a random sample of Wisconsinites to assess health status and health-related behaviors. Combined *Wisconsin Family Health Survey* data, for the years 1990-1994, show percentages of all Wisconsin children ages 1-14 who reported a “general checkup” within the past year.³ According to data from the 1996 *Wisconsin Family Health Survey*, 92 to 100 percent of children enrolled in Medicaid HMOs were reported to have had a “general checkup” in the previous year (see Graph 5.4).⁴ Graph 5.5 shows the survey results for five Medicaid HMO counties.

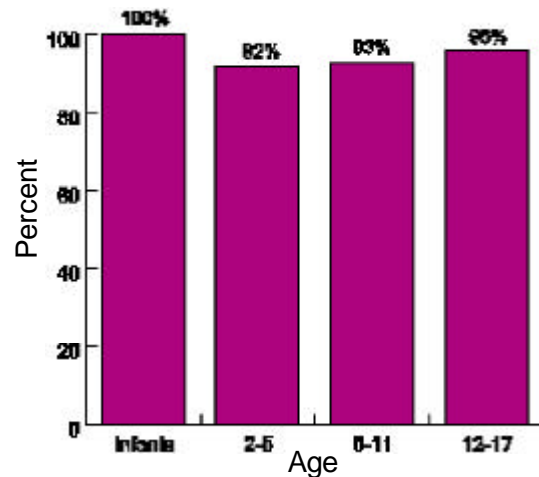
Wisconsin Family Health Survey data help present a different perspective of utilization patterns in communities with Medicaid HMO recipients, but is not directly comparable to HealthCheck data from HMOs. *Wisconsin Family Health Survey* describes self-reported events, while HMOs depend on information reported to them by providers. In addition, for a visit to be considered a “HealthCheck” it must meet stringent federal requirements. Not all “general exams” could be considered HealthChecks.

HealthCheck Exam Rates

The number of HealthCheck visits among Medicaid HMO recipients, ages 0-5, far exceeded the fee-for-service rate (see Graph 5.6). All except one HMO serving the Southeast Medicaid HMO counties had rates above fee-for-

Graph 5.4

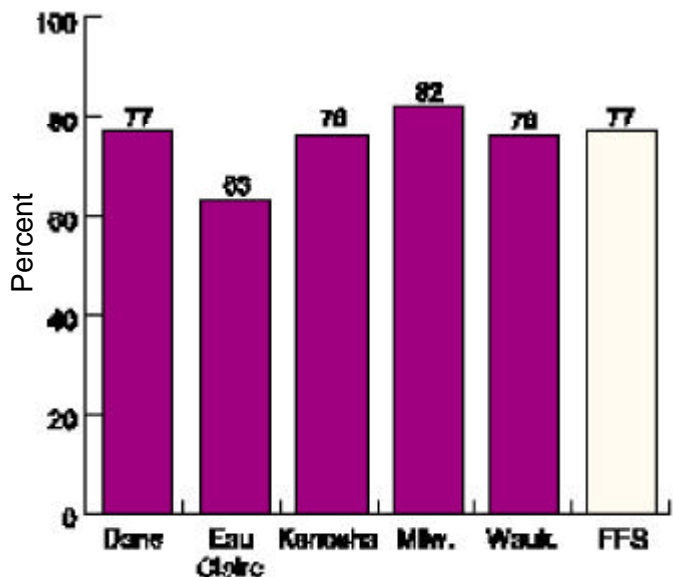
Percent of Medicaid HMO recipients, ages 0-17, reporting a “general checkup in the past year” by age group



Source: 1996 Wisconsin Family Health Survey

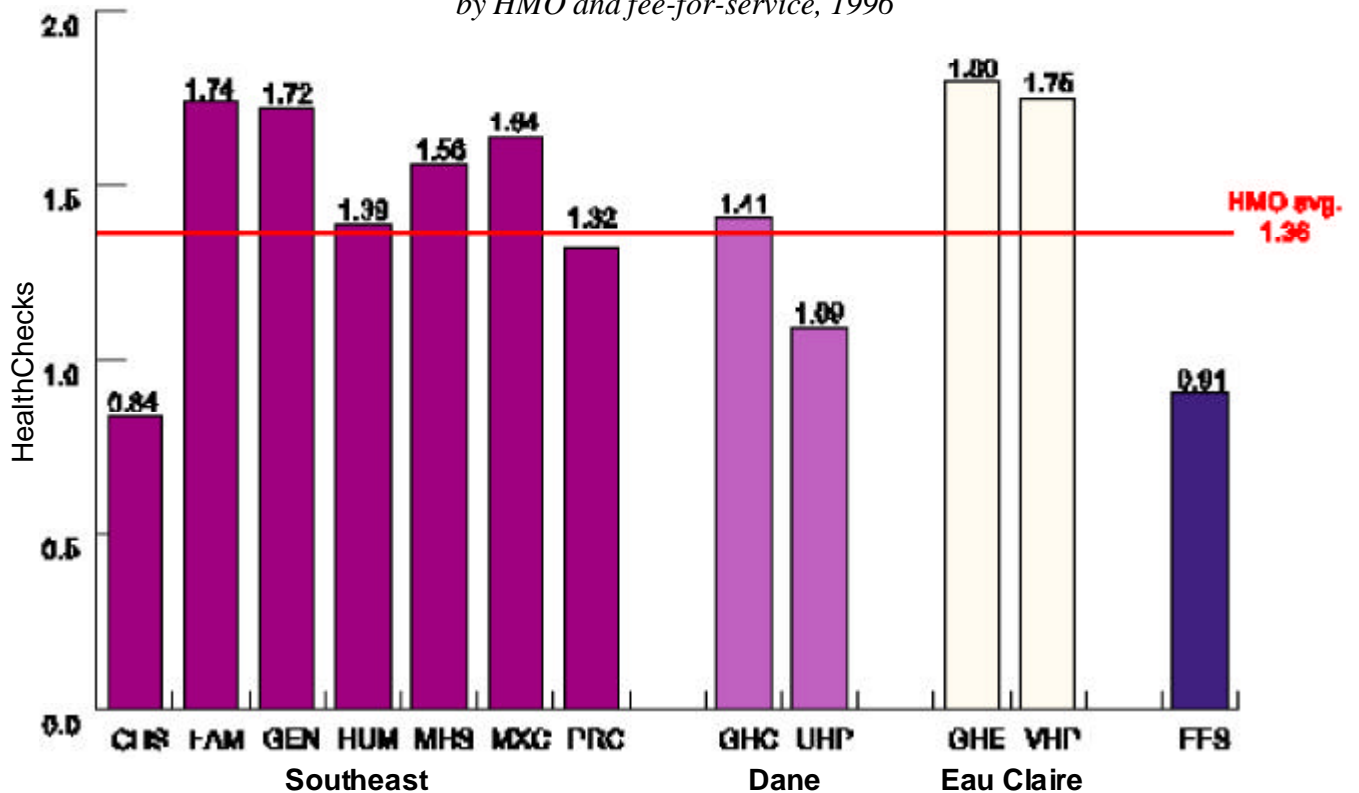
Graph 5.5

Percent of children reporting a “general checkup in the past year,” by Medicaid HMO county and fee-for-service (from combined Wisconsin Family Health Survey data for the years 1990-1994)



Graph 5.6

Average number of HealthChecks per eligible-year for children, ages 0-5, by HMO and fee-for-service, 1996



service. As in 1995, the percent of children ages 0-5 who received at least one HealthCheck visit was greater in HMOs than fee-for-service (See Graph 5.7).

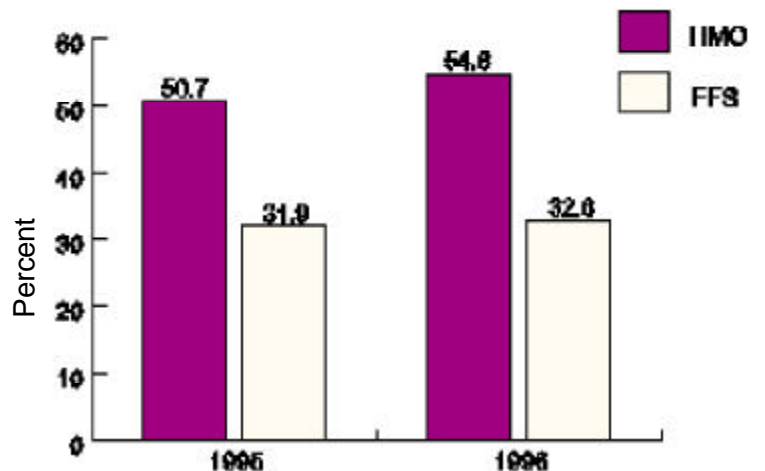
Immunizations

The Department of Health and Family Services' Strategic Business Plan year 2001 goal is "to increase to 90 percent the proportion of children who have received their primary vaccinations by their second birthday."⁵

The ability of immunizations to prevent deadly and debilitating disease is among the greatest success stories of modern day health care. For example, small pox, a deadly disease once rampant worldwide, has been completely eliminated because of the small pox vaccine.

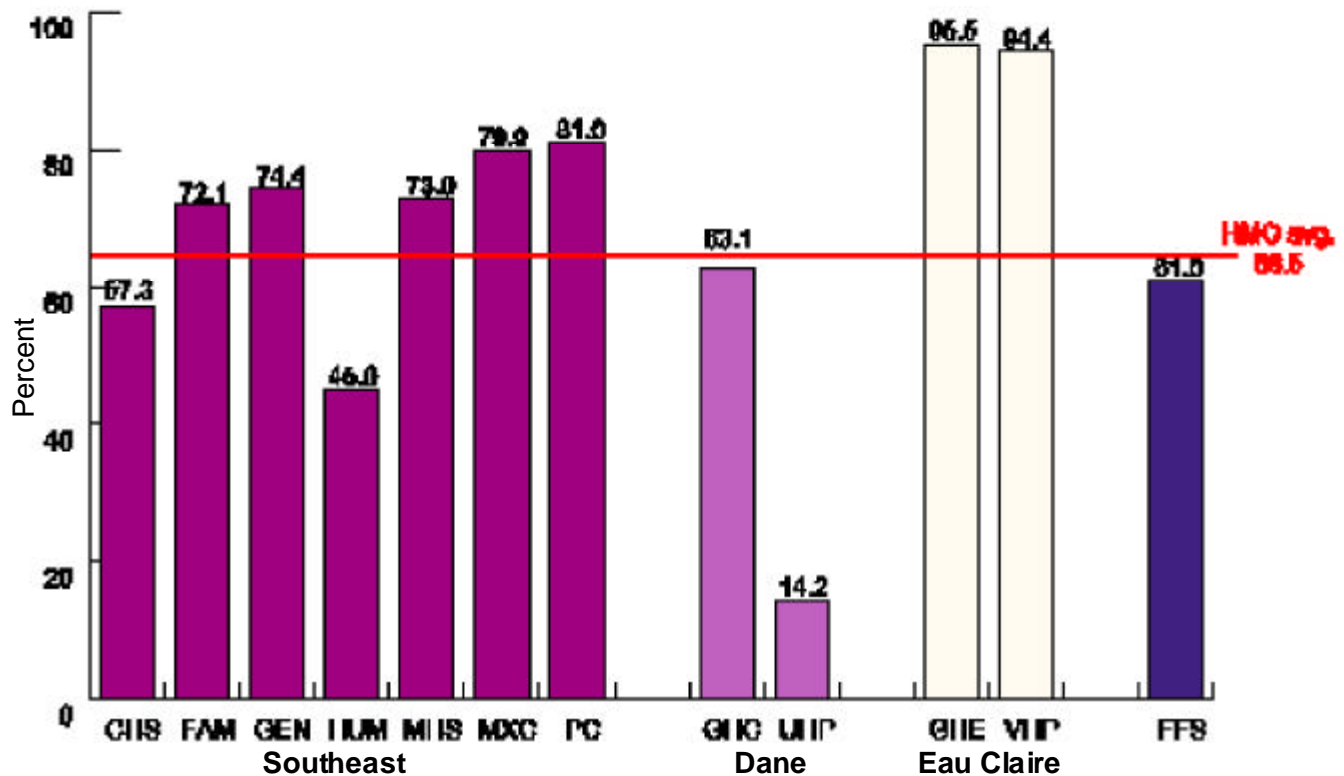
Graph 5.7

Percent of Medicaid children in HMOs and fee-for-service, ages 0-5, who received at least one HealthCheck, 1995 and 1996



Graph 5.8

Number of MMR vaccinations expressed as a percent of expected, by HMO and fee-for-service, 1996



Twenty thousand cases of paralytic polio were reported in 1952 and only ten during the last national outbreak in 1979.⁶ Because of widespread vaccination against rubella, the number of babies born with congenital rubella syndrome has decreased 97 percent.⁷ Prior to measles vaccines, almost half a million U.S. children contracted measles in 1962, many with deadly consequences.⁸

Wisconsin reported only eight cases of measles in 1996, and no cases of rubella, polio, diphtheria, or tetanus (children under age 15).⁹

Measles, Mumps and Rubella (MMR) Immunization Rates in HMOs

The MMR is one of several immunizations recommended for young children. Ideally, it should be administered once between 12 and 15 months of age and again between the ages of 4 and 6.

Because it has a simple schedule of administration, the MMR is comparatively easy to measure and thus is one of the better ways to track immunization in general. With respect to 1996 Medicaid data, under the Department/HMO contract, HMOs were required to report only MMR immunizations given to Medicaid HMO enrollees by HMO providers. Consequently, the MMR data presented in this report does not include MMRs provided to Medicaid HMO enrollees by health care organizations, such as public health departments, HealthCheck providers, Women, Infants and Children (WIC) agencies, and schools. Subsequent Department/HMO contracts will require that the HMOs report enrollee immunizations regardless of the sources. The DHFS is currently implementing a central immunization registry designed to record the immunization status of all Wisconsin children.

Graph 5.8 presents the number of MMR immunizations expressed as a percent of expected for each HMO.¹⁰ The overall HMO average was 66.5 percent with a range of 45.0 percent to 95.7 percent, excluding one HMO at 14.2 percent.

Ninety percent of all Wisconsin children ages 19 through 35 months, and 92 percent of children in Milwaukee County,

received the MMR or a “measles-containing vaccine” in 1996, according to the National Immunization Survey.¹¹

Lead Testing in Young Children

Blood lead testing is required by the federal government for all Medicaid recipients at about age 1 and age 2.

Elevated lead levels have been associated with harmful effects on several body systems, including the nervous system, blood-producing system, and the kidneys. It is estimated that in the mid-1970s in the U.S. as much as 40 percent of all American children under age 5 had average blood lead levels of 20 ug/dl.¹² By 1990, it had dropped to 3.6ug/dl.¹³ A verified 20 ug/dl blood lead level is the level above which treatment or intervention should be considered.

Wisconsin requires that results of all lead testing done in the state be reported to the Wisconsin Childhood Lead Poisoning Program.

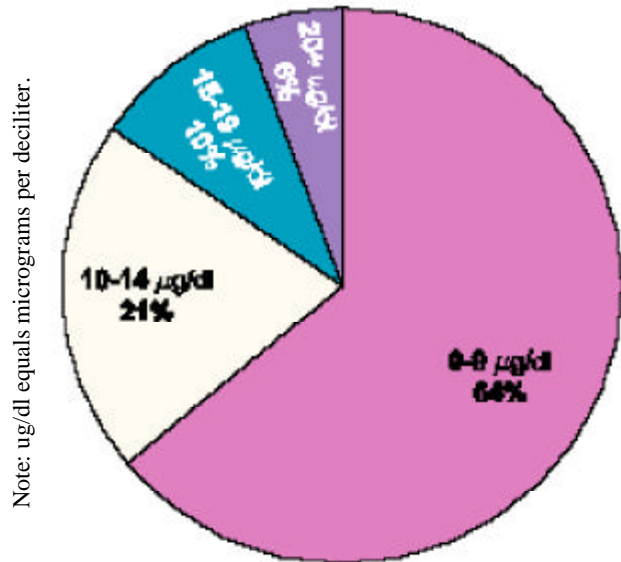
For fiscal years 1995/1996, 902 newly tested Wisconsin children had confirmed blood lead levels greater than or equal to 20ug/dl, representing 1.6 percent of all children ages 0-6 tested during that same time period.¹⁴

Children at Higher Risk of Elevated Lead Levels

Due primarily to the elimination of lead in gasoline and paint, lead levels have declined dramatically. Nevertheless, lead-based paint in homes is now considered to be the greatest source of lead exposure. However, children can be exposed to lead in other ways such as through parental occupations or hobbies requiring the use of lead, folk remedies, lead-containing ceramics and lead-contaminated soil and water. Homes built before 1950 are most likely to contain lead-based paint. According to the 1990 U.S. Census, 37 percent of all

Graph 5.9

Blood lead level of children tested for lead in Milwaukee County, 1996, expressed in ug/dl



Source: Childhood Lead Poisoning Prevention Activities: Wisconsin Lead Poisoning Prevention Program, Bureau of Public Health, Wisconsin Department of Health and Family Services; March, 1997.

housing in Wisconsin was built before 1950.¹⁵

Milwaukee County had by far the highest rate of elevated blood levels among children tested in the 1995-1996 fiscal year. Results for Milwaukee County are depicted in Graph 5.9. Of children tested in Milwaukee County, the vast majority were minorities. Seventeen percent were white.¹⁶ In Milwaukee County, these minority children are often served by the Medicaid program.

Poor children, certain minorities such as African-Americans, some groups of Asians and Hispanics, and children whose parents are occupationally exposed to lead are at greatest risk for elevated blood lead levels.

Rates of elevated blood lead levels vary considerably for all newly tested children under 6 years of age in the five Medicaid HMO counties as shown in Graph 5.10.

Medicaid Blood Lead Testing

Graph 5.11 presents the percent of recipients receiving a blood lead test in each HMO and fee-for-service in 1996.